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in number and usefulness, and that the individual membership will at least double itself. The League has scarcely a membership of 400, while the American Hospital Association has over 1000 members. Members are urged to think of the work they could do with a membership as large as that, and to try to bring in each one new member.

SARA E. PARSONS, Secretary.

PAPERS READ AT THE PRIVATE DUTY SESSION OF THE AMERICAN NURSES' ASSOCIATION.

PRIVATE DUTY EMERGENCIES

By BERTHA J. GARDNER, R.N.

Much to my surprise, when I began to consider this subject, I could think of no emergencies, but being convinced that I must have met a few, it suddenly dawned upon me that meeting emergencies is taken as such a matter of course that we immediately proceed to forget them. I do not mention these I have been able to think of, as particularly original or valuable.

Perhaps we all meet emergencies in getting to our work promptly I have many times struggled to do so, and then found that there was no great need for the haste. I once received a call at 7 A.M. to go to a village in a neighboring state. Conditions were such that, at 9 A.M., I found myself alone in the house and no one to attend to my trunk, for which the expressman had promised to call. As someone was to meet me at a certain train, I was in despair, and about to take out a few necessities when the man arrived. Not to linger, for I assure you I did not then, I asked permission to ride on the wagon. We made the train in two minutes. As it was Lincoln's Birthday and there was little traffic, my ride through city streets was less observed than it might have been, and my vanity suffered little. I might mention that a train later would have done quite as well!

The difficulty of low beds has always confronted me. I have often had blocks made to put under the legs, but once a visit to the cellar supplied me with two long flower boxes, which, cleaned and turned on the side, did good service. Another time the legs of an old refrigerator, sawed off, were found useful and ornamental. As bedsteads on supports cannot be moved, it is advisable they stand away from the wall. I have found that a strong sheet folded lengthwise and fastened to the head and foot-boards, and the lower edge pinned to the mattress, will guard against draughts, and will keep the patient, if a child, or unconscious, from falling out.

We all know how difficult it is for a patient to sit up in bed. The use of a bath-tub seat below the buttocks will prevent slipping if a band of strong webbing is fastened to the handles and thrown over the head of the bedstead. It is many years since I used a rubber sheet bath-tub, in bed, for typhoid bathing. A sheet fully 2 by 2½ yards was knotted at each corner with strong twine. It was placed lengthwise of the bed, usually with a small blanket inside, to prevent the first chilly sensation, and rolled under the patient just as we would change a sheet. The corners were then tied to the head and foot-boards,—it was a wooden bedstead—and raised so that it formed a complete hollow, though the body still rested on the bed. About five pails full of tepid water were poured in. As the heat of the patient's body raised the temperature, pieces of ice were put in, and the warm water taken out with a large dipper, into a pail. All the water which could be, was taken out in this way, when the bath was over, when the side of the tub was depressed and drained into the pail, the patient covered with towels and blanket and the twine loosened from the bedstead and rolled from under him. If my memory serves me, we only spilled a little of the water once. At the risk of being diffuse I will say that the baths were given every three hours; it was necessary to give the patient stimulants, apply ice cold compresses to head and abdomen, take his temperature and that of the water. The water, by the way, was carried by a brother, and I never heard of any other case developing, though you will be horrified to know that it was carried to a window of the room and emptied on the porch roof!

I once had a very large patient with acute Bright's disease, for whom such extensive stupes were ordered that I used a piece of blanket, and completely enveloped the middle of her body. Being more concerned at keeping her warm than the bed dry, I took the rubber sheet and pinned it over the hot blanket. The room was heated by a stove, and every little while three-year-old Jimmie would bring me a small paper bag of coal. By placing this on the fire, I avoided noise, and handling and, bathing facilities being limited, the latter was an item.

On the eve of my departure from a hospital, a grateful patient gave me a puppy. I made what I thought was a nice bed for him, but he would not stay in it and be happy. I did what I always thought I never would do, put him on my bed, and the instant the light was out he walked off on the floor. Quite desperate with my unusual charge, something made me think of the empty bureau drawer and I soon had his bed and him in it and closed it so that only his whimpering could get out. That soon ceased and we both slept.

Since then I have used a drawer as temporary bed for a premature baby. By the use of down pillows and hot water bags, being protected

from draughts it serves well. It is wise to put in a stick or book to prevent accidental closing.

We have all used clothes-baskets for the babies, while awaiting the gift of a crib from a fond grandmother. Once I used the hamper, by taking out the tray and putting in a pillow. To relieve the mind of the mother I fastened the cover to the back of the chair on which it stood, as she "*knew* the baby would smother if it should fall down."

While caring for a young man in college, who had waited until then to have the measles, I was obliged to occupy his room. Having no screen I fastened strong twine from a hook in the door-frame to the window, and on it fastened our two counterpanes, with shield pins, so that my bed and the washstand were nicely screened.

Perhaps all have used pint and quart jars for the liquids we take to the sick room. Having covers and being easily handled, they do away with the use of the household supply of pitchers and bowls which is not always large. I have found, where there is a scarcity of trays, that pasteboard is a great protection to a bureau or table. By covering a long strip with tissue or other white paper, which can easily be renewed, bottles and glasses may be put down without the risk of soiling covers, or damaging furniture. We all know what a few drops of oil or alcohol misapplied will do.

A few words about the convalescent's bed. By putting clean pillow-slips over the ones in use, the bed can be made quite presentable during the few hours the patient is sitting up, and with a white spread one can easily dispense with the paraphernalia with which so many decorate their beds. It is but little work to remove the cases, and they may later replace the soiled ones.

THE PRIVATE DUTY NURSE AS A PUBLIC EDUCATOR

By ELIZABETH GOLDING, R.N.

It is a far cry from Sary Gamp and the "Lady of the Lamp" to the trained nurse of today. I wonder how many nurses here were present at an exhibition given in New York, about fifteen years ago, by combined nursing interests. One exhibition was a story told by contrasts; the four posted bed, the soiled quilts, the teapot and cucumber, the ancient lady—"so-called nurse"—the patient bundled and wrapped, the whole effect depressing. In the next room the trained private nurse of the day. The change and contrast were startling. Air, sunshine and cleanliness abounded, and the nurse, above all else, showed the advance in the profession. It was then that I met the "Lady of the Lamp" of our time,

one whose example and teaching will ever be a grateful and precious memory to us all. I hardly think I need mention Mrs. Robb's name, for it will ever be a beacon for each of us who knew her.

In this day of specializing, the private nurse stands in a class absolutely alone. We have the social-welfare worker, the school and other lines of city work, the tuberculosis nurse and others, but back of them all stands the private-duty nurse. Her limitations are many; her opportunities numberless. In the limelight always, yet the perfect nurse, without making her presence felt, is a factor in the home and nursery and from these centers are many radiations. "From the cradle to the grave" is a trite saying, but it applies more truly to the nurse than to any other teacher. Her work as an educator begins with the prospective mother; then the tiny infant, then on through life's long cycle with life's first breath and its last. In frequent touch with preventive work, through any vicissitudes that may come, instinctively the friends and family turn to their friend, the nurse. The knowledge she requires, no grammar school, or year in high school, or the equivalent could supply. A knowledge of life in all its phases can be supplied only by experience. A wonderful opportunity is given the private-duty nurse in teaching sex hygiene and moral prophylaxis. This is a vital question now, and every home offers a field for the training of children. In the care of typhoid fever, a large field for instruction is opened, its prevention, the milk, water and food supply, the proper disinfection of clothing and the many side issues which always accompany typhoid. I think to be a successful superintendent of a training school, every woman should have been a private-duty nurse. Not for one or two cases, but for a time sufficiently long to have felt the pulse of the need of the sick and their surroundings, then, when her pupils graduate, they will have been taught the many things needful that are not "born in them." It is surprising what a fund of information the private-duty nurse is supposed to have. It is more by example than precept that the pupils in her school of life are taught. She needs infinite tact and patience, courage to meet the many changes. Today she is in the home of the man of moderate means; tomorrow in the home where money is no object, but where often the machinery of life is hopelessly out of order; now with a tiny babe, again with one whose race is nearly run; the education of the public and the nurse is not complete unless the nurse stands as an example and helper to all. After many years of private-duty work, I realize, as never before, the demands made upon the nurse. The word "human" stands out in large letters. To be a good educator, put "yourself in his place," and you will find yourself the most successful of all educators. Your influence will reach

far, and aside from your skill, your patience, devotion and sympathy, your tact and ready adaptability to the changing needs of suffering mankind, will make you one of the most successful educators of the human race.

HOW SHALL WE PROVIDE FOR FAMILIES WITH MODERATE INCOMES?

BY WILMA WELLER

"SKILLED Nursing Care for the Patient of Moderate Means," has been a subject of discussion at every representative gathering of nurses for the past fifteen years. That we are asked to consider it today indicates that we are not quite satisfied with the elucidation to date. But this question is only one of those which our work involves, calling for repeated discussions and requiring that the decisions reached should be reconsidered and brought, time and again, to the attention of earnest minds and to those seeking for our profession the highest possible usefulness and efficiency. We grow by the recognition of our shortcomings and failures. From 1873 when the establishment of the first training school was an experiment, to this year of 1913, the stages of the journey are familiar to you all. The first years of opposition and tolerance, borne so bravely by our predecessors, have given place to times when the medical profession acknowledge and claim us, as not only useful, but necessary. These improved conditions came, not spontaneously, but were wrestled for and attained by outlay of superior powers, possessed by the pioneers, and freely given. The years of training have been increased from one to two, and then to three. The theoretical teaching has grown from a few sporadic lectures to an established curriculum, one that is becoming more uniform. The housing of nurses, their food, pastimes, etc., all are now given consideration that was impossible earlier in our history. What then? Shall we, who now enjoy these privileges, fail to extend our usefulness? Shall we accept all and give nothing? That were to slip backward, and no organization or individual can afford to do that.

In Cincinnati, a rule was adopted this spring by the Graduate Nurses' Association for those nurses registered with the Central Registry. Each nurse, as she registers, signifies her willingness to work for nothing certain weeks or months of the year, and specifies the work she is willing to do. Should she receive a call while with one of these patients, and feel obliged to accept it, another nurse who has signed under the same conditions is sent to relieve her. This relieves the nurse who really cannot afford to give of her time, provides help where the patient cannot pay,

permits helpful exercise of charitable inclinations. We hope another year to establish a fund maintained by the nurses, from which to supply the deficit to nurses who are willing, but unable, to work for a reduced compensation.

Should each nurse obligate herself for two weeks each year it would be a little. There remain fifty weeks to be paid for. Those so occupied that the gift of time and service is impracticable, could give their salary for the two weeks. In addition to providing the service, this would give each nurse, whether institutional, school, visiting or anti-tubercular, a "part in this great matter," and win from the Great Physician "Inasmuch as ye have done it unto the least of one of these, ye have done it unto Me."

HOW BEST TO INTEREST PRIVATE DUTY NURSES IN NURSING AFFAIRS

By MARY A. MORAN, R.N.

IT SEEMS to me that this should be started primarily in the training schools. If the superintendents of training schools and the head nurses would instill into the pupil nurses the necessity of all being interested in nursing affairs, there would be very little difficulty in arousing interest after graduation. The nurses, while still in training, should be made to realize that all the work done by nurses' associations and state boards is not done for the benefit of the older graduates, but almost entirely for the good of the pupil while still in training. To see that they have better homes, have better hours, more recreation, better class-room and laboratory facilities and, above all, that they get the proper degree of class instruction given by competent teachers and with demonstrations.

In times gone by, one pupil nurse taught the other the different practical points in nursing, but thanks to nursing associations, the better schools now have a competent instructor, so that all are taught in a uniform way. In nine cases out of ten, if the superintendent of the training school does not belong to nurses' associations or is not interested in nursing affairs, the pupil nurses and recent graduates of the school will not be interested and, generally speaking, the curriculum of that school will be found below the standard.

Another suggestion is to have the pupil nurses as well as private-duty nurses take *THE AMERICAN JOURNAL OF NURSING*. In our school, I almost insist that the nurses take the *JOURNAL*, beginning in their intermediate year. Where two nurses room together, each one pays half, and this makes the subscription price to both very low. They look forward to the coming of the *JOURNAL* and study the various state board questions

and read the papers, and early in their career become acquainted with nursing affairs. I feel sure it was due to this that, at the recent convention of the Georgia State Association of Graduate Nurses, held in Augusta, all of the recent graduates and as many pupil nurses as were off duty, attended as many sessions as they could, and seemed full of enthusiasm at the end of the convention. A special invitation was sent to the pupil nurses to attend these sessions and all were urged to go, which they did to our intense satisfaction.

The nurses directory of our city is run under the auspices of the Graduate Nurses' Association, and as I have the honor of being registrar, I should like to say that no nurse is allowed to register on the directory unless she is a member of the local association and she must also be a registered nurse. This helps two causes. First it swells the ranks of our association, and second it makes it necessary for all of our nurses to pass the state board examination. At first, for lack of interest, we had a little difficulty getting them to join the association, but when they saw they could not register on the directory, with but two exceptions, all the nurses joined, and are active members. We hold our meetings quarterly, at each meeting three nurses are selected to read short papers at the next meeting. While the association is still small, numbering only fifty members, the attendance has been very good. We have asked all the private-duty nurses belonging to the association, to keep notes on their interesting cases and also to make notes of vexing problems which confront them from time to time, so that they would remember to discuss them at the next meeting. This helps stimulate their interest.

The private-duty nurse is a very large part of the profession, quite as large as the institutional nurse, the public-health nurse, the school nurse or the social-service nurse. She must do her part towards its up-building, for there is no strength without union and coöperation. If nurses would stop to consider how few physicians refuse to belong to and attend their medical associations, they would find the number very small. Even the obscure country doctor will belong to his local and state associations, to say nothing of the vast numbers that belong to the national associations. Why? Because he realizes the importance of coming in contact with other physicians, hearing their views, discussing cases, new methods of treatment, scientific research work by men more experienced than he. So it should be with the private duty nurses, for they, much more than the institutional nurse, need associations and the help derived from listening to discussions by the best women in the profession. It should not be necessary to find ways and means to stimulate interest, they should realize that their interest in nursing affairs is for the common good of all.